

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | Application Number 09-902406 | | Filing Date |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|
| | | | | | | | Applicant(s) | | |
| | | | | | | | May be used for additional claims or amendments | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
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| Total Indep | 8 | | | | | | | | |
| Total Depend | 12 | | | | | | | | |
| Total Claims | 20 | | | | | | | | |
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